



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

CITY OF NEW BEDFORD
JAN 29 PM 3 37
BOARD OF ELECTION
COMMISSIONER

Fill in Reporting Period dates:

Beginning Date:

1/1/13

Ending Date:

12/31/13

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

DENIS LAWRENCE, JR.

Candidate Full Name (if applicable)

COUNCILOR AT LARGE

Office Sought and District

23 ELIZABETH ST, NEW BEDFORD

Residential Address

Telephone Number (optional): 508-993-2113

CTE DENIS LAWRENCE, JR.

Committee Name

STACIE A. LONG

Name of Committee Treasurer

23 ELIZABETH ST, NEW BEDFORD

Committee Mailing Address

Telephone Number (optional): 508-993-2113

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$2992.68

Line 2: Total receipts this period (page 3, line 11)

\$ 729.80

Line 3: Subtotal (line 1 plus line 2)

\$ 3722.48

Line 4: Total expenditures this period (page 5, line 14)

\$ 3715.88

Line 5: Ending Balance (line 3 minus line 4)

\$ 6.60

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

BRISTOL COUNTY SAVINGS BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Stacie A. Long

(Treasurer's signature)

Date:

1/20/14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date:

1/20/14

SCHEDULE A: RECEIPTS

M.G.L.c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

①

Line 10: Total Receipts \$50 and under* (not listed above)

729.80

Line 11: TOTAL RECEIPTS IN THE PERIOD

729.80

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Abstract

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

729.80

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

PAGE ①

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/17/13	BENNY'S	DARTMOUTH ST DARTMOUTH, MA	COMPUTER TABLE	601.47
12/9/13	BJ'S WHOLESALE	STATE RD DARTMOUTH, MA	OFFICE GIFTS	66.91
7/18/13	CTE JOHN SAUNDERS	COUNTY ST NEW BEDFORD, MA	DONATION	100.00
7/1/13	DENIS LAWRENCE, JR	23 ELIZABETH ST NEW BEDFORD, MA	REIMBURSEMENT	75.00
4/30/13	OFFICE MAXX	STATE RD DARTMOUTH, MA	OFFICE EQUIPMENT/ SUPPLIES	230.51
1/28/13	PORT. AMERICAN POLICE ASSOC.	NEW BEDFORD, MA	TICKET DONATION	280.00
3/22/13	PARTY SUPPLY	ONLINE MERCHANT	DARTMOUTH H.S. DONATION	83.23
8/26/13	RENAISSANCE SCHOOL	NEW BEDFORD MA	DONATION	100.00
5/6/13	RICCARDIS	HATHAWAY RD NEW BEDFORD	SCCT FOOD DONATION	71.16
3/4/13	SOUTH COAST CHILDRENS THEATRE	PO BOX 5201 NEW BEDFORD, MA	PROGRAM AD	100.00
7/16/13	SPINNER PUBLICATIONS	NEW BEDFORD, MA	NEW BEDFORD BOOK/DONATION	63.75
7/18/13	SPINNER PUBLICATIONS	NEW BEDFORD, MA	NEW BEDFORD BOOK/DONATION	63.75
Line 12: Total Expenditures over \$50 (or listed above)				—
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Line 14: TOTAL EXPENDITURES IN THE PERIOD				—

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/14/13	THE STANDARD TIMES	NEW BEDFORD, MA	NEWSPAPER SUBSCRIPTION	198.12
1/28/13	STAPLES	HUTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES	159.36
4/1/13	STAPLES	HUTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES	133.84
6/24/13	STAPLES	HUTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES	77.54
9/16/13	STAPLES	HUTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES	55.26
2/22/13	WHAALING CITY FESTIVAL	NEW BEDFORD MA	DONATION	100.00
7/25/13	ZEITERION THEATRE	PURCHASE ST NEW BEDFORD, MA	TICKET DONATION	221.00
Line 12: Expenditures over \$50 (or listed above)				2240.90
Line 13: Expenditures \$50 and under* (not listed above)				1474.98
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3715.88

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c.55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

~~Q~~